Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2006
Open to Public inspection

A F	or the 200	06 calendar year, or tax year beginning	and en	aing	,	<u></u>
B Ci	heck if oplicable:	Please C Name of organization			D Employer identi	fication number
	Address change	label or RIVER CITY COMMUNITY S	ERVICES		91-1851	1398
F	Name change linitial	type. See Number and street (or P.O. box if mail is not d specific P.O. BOX 160204	elivered to street address)	Room/suite	E Telephone number 916-446	
<u></u>	Jretum Final	Instruc-	·		t	FEET
X	return Amended return	tions. City or town, state or country, and ZIP + 4 SACRAMENTO, CA 95816			F Accounting method: Other (specify)	CashA Accidat
	Application pending		onexempt charitable trusts	Hand lare not app	licable to section	527 organizations.
		must attach à compléted Schedule A (Form 990 c	r 990-EZ).	H(a) Is this a group		
G V	Vebs <u>ite:</u> D	>RIVERCITYCOMMUNITYSERVICE	S.ORG	H(b) If "Yes," enter n		/ -
1 0	Irganizati	on type (check only one) \triangleright X 501(c) (3)	4947(a)(1) or 527	H(c) Are all affiliates (If "No," attach a	included? N/I	A Yes No
		• ▶ if the organization is not a 509(a)(3) supporting		H(d) is this a separa	te return filed by an	or
		e normally not more than \$25,000. A return is not required	I, but if the organization		red by a group rulin	
c	hooses to	file a return, be sure to file a complete return.		I Group Exempti		N/A
			227 226			is not required to attach
		ipts: Add lines 6b, 8b, 9b, and 10b to line 12	227, 226.		90, 990-EZ, or 990-	·rr).
		Revenue, Expenses, and Changes in Ne		nces		
		Contributions, gifts, grants, and similar amounts received:	1	1		
		Contributions to donor advised funds		114,2	25.4	
		Direct public support (not included on line 1a)		114,2	-54.	
		Indirect public support (not included on line 1a)		16,0	000	
	d	Government contributions (grants) (not included on line 1 Folal (add lines 1a through 1d) (cash 13) 254 paparah t	10,0		130,254.
		Program service revenue including government fees and				130 / 23 1 .
		Membership dues and assessments	·····			
	1	Interest on savings and temporary cash investments				3,387.
	1	Dividends and interest from securities				
	1	Gross rents				
		Less: rental expenses				
		Net rental income or (loss). Subtract line 6b from line 6a		J	6c	
Revenue	I .	Other investment income (describe	***************************************) 7	
Š		Gross amount from sales of assets other	(A) Securities	(B) Other		
æ	1 -	than inventory	8a	(2) 0		
	1	Less: cost or other basis and sales expenses	8b			
		Gain or (loss) (attach schedule)	8c	1		
	1	Net gain or (loss). Combine line 8c, columns (A) and (B)	<u>, </u>		8d	
	g	Special events and activities (attach schedule). If any amo	unt is from gaming, check here	▶ □		
	a	Gross revenue (not including \$	tributions reported on line 1b) 9a	93,	585.	
	Ь	Less: direct expenses other than fundraising expenses	9b	21,	881.	
	C	Net income or (loss) from special events. Subtract line 9b	from line 9a SEE	STATEMENT	1 9c	71,704.
		Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold	<u>10b</u> _			
	C	Gross profit or (loss) from sales of inventory (attach sche	dule). Subtract line 10b from line	10a	10c	·
	11	Other revenue (from Part VII, line 103)				
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c,				205,345.
ø	13	Program services (from line 44, column (B))				121,385.
156	14	Management and general (from line 44, column (C))				42,675.
Expenses	15	Fundraising (from line 44, column (D))				<u>18,703.</u>
Щ	1	Payments to affiliates (attach schedule)				100 555
		Total expenses. Add lines 16 and 44, column (A)		<u></u>	17	182,763.
y.	18	Excess or (deficit) for the year. Subtract line 17 from line	12		18	22,582.
Net Ssets	19	Net assets or fund balances at beginning of year (from lin	e /3, column (A))		19	109,151.
-SA		Other changes in net assets or fund balances (attach expl				0.
6231	<u>21</u>	Net assets or fund balances at end of year. Combine lines			21	131,733.
01-1	001 18-07	LHA For Privacy Act and Paperwork Reduction Act No	lice, see the separate instructio	ns. ,	,	Form 990 (2006)

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Registry of Charitable Trusts

91-1851398 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part II Statement of

		orga	inizations and section 4947			<u></u>
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds					
	(attach schedule)			•		
	(cash \$ 0 • noncash \$ 0 •)	}				
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0 •)		•	į		
		22b				
23	Specific assistance to individuals (attach schedule)	23	;			
24	Benefits paid to or for members (attach					
	schedule)	24	.			
25a	Compensation of current officers, directors, key					_
		25a	46,305.	5,890.	30,311.	10,104.
b	Compensation of former officers, directors, key		•	•		
	-	25b	0.	0.	0.	0.
C	Compensation and other distributions, not included				·	
	above, to disqualified persons (as defined under] :			•	
	section 4958(f)(1)) and persons described in	ļ				
	section 4958(c)(3)(B)	25c	•			
26	Salaries and wages of employees not					_
	included on lines 25a, b, and c	26	21,052.	21,052.		
27	Pension plan contributions not included on			,		
-	lines 25a, b, and c	27	6,040.	2,114.	1,812.	2,114.
28	Employee benefits not included on lines					
	25a - 27	28	9,221.	4,795.	2,029.	2,397.
29	Payroli taxes	29	5,363.	2,789.	2,029. 1,180.	2,397. 1,394.
30		30				
31		31				
32		32				
33		33	923.		923.	
34		34	1,655.	1,159.	248.	248.
35		35	1,209.			1,209.
36	Occupancy	36				
37	•	37				
38	Printing and publications	38	,			
39	Travel	39				_
40	Conferences, conventions, and meetings	40			·	
41	Interest	41				·
42		42	2,570.	2,570.		
43	Other expenses not covered above (itemize):					_
	a	43a				
	b	43h	<u> </u>			
	G	430	<u> </u>			
	d	430				
	8	43e	<u> </u>			
	1	431				
	SEE STATEMENT 2	430	88,425.	81,016.	6,172.	1,237.
44	Total functional expenses. Add lines 22a through		\		\	
	43g. (Organizations completing columns (B)-(D),		100		40 555	10
_	carry these totals to lines 13-15)	44	· · · · · · · · · · · · · · · · · · ·	121,385.	42,675.	18,703.
	int Costs. Check 🕨 🔲 if you are following					
	e any joint costs from a combined educational campa					Yes X No
	Yes," enter (i) the aggregate amount of these joint co			; (ii) the amount allocated to		N/A
(ili	i) the amount allocated to Management and general \$		N/A and	(iv) the amount allocated t	o Fundraising \$	N/A
01-	3011 23-07				÷	Form 990 (2006)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a FOOD CLOSET PROGRAM: PROVIDES FOOD FOR NEEDY INDIVIDUALS AND FAMILIES THROUGHOUT SACRAMENTO COUNTY. WE PROVIDED THE EQUIVALENT OF 286,493 MEALS TO 11,310 HOUSEHOLDS RECEIVED FOOD THAT INCLUDED 8,914 CHILDREN.	and the second second
(Grants and allocations \$ 34,227.) If this amount includes foreign grants, check here ▶ □ b RENTAL ASSISTANCE PROGRAM: PROVIDE VOUCHERS TO SUPPLEMENT RENT IN ORDER FOR FAIMLIES TO REMAIN IN THEIR HOMES; PROVIDE MOTEL VOUCHERS TO SHELTER FAMILIES.	84,324.
(Grants and allocations \$ 12,659.) If this amount includes foreign grants, check here c	37,061.
(Grants and allocations \$) If this amount includes foreign grants, check here d	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	121,385.

	Wher	re required, attached schedules and amounts wild be for end-of-year amounts only.	vithin the des	scription column		(A) Beginning of year		(B) End of year
	AE.	Chab and interest bearing		•		·	45	
	45 46	Cash - non-interest-bearing Savings and temporary cash investments				109,470.	46	136,284.
	46	Savings and temporary cash investments			·		70	
ļ	47 a	Accounts receivable	47a					
{		Less: allowance for doubtful accounts					47c	_
Ì	_		200211000000000000000000000000000000000					
-	48 a	Pledges receivable		,				
		Less: allowance for doubtful accounts		<u> </u>			48c	
Assets	49	Grants receivable					49	
	-	Receivables from current and former officers,						
		key employees			L		50a	
	b	Receivables from other disqualified persons (a						
		4958(f)(1)) and persons described in section 4			L		50b	
	51 a	Other notes and loans receivable	1 1					
		Less: allowance for doubtful accounts	·	pć.			51c	
	52	Inventories for sale or use					52	
	53	Prepaid expenses and deferred charges		•	1	207.	53	283.
	54 a	Investments - publicly-traded securities			ſ		54a	
		Investments - other securities		Cost FM'	· —		54b	
		Investments - land, buildings, and			'			
	JJ 4	equipment: basis	55a		Ì			
		equipment, basis	- Joa					
		1	55b				55c	
	5 6	Less: accumulated depreciation		•			56	-
		Investments - other Land, buildings, and equipment: basis	1 1		; <u> </u>			· ·
		Less: accumulated depreciation STMT 4		9,789 4,819	5	7,543.	57c	4,974.
	58	Other assets, including program-related investment		1,013			10.0	
	36	(describe	Y.		58			
	59	Total assets (must equal line 74). Add lines 4	15 through 5	Ω	-/	117,220.		141,541.
	60	Accounts payable and accrued expenses				6,744.		6,194.
	61	Grants payable				0,,,,,	61	
	62	• • • • • • • • • • • • • • • • • • • •			l l	1,325.		3,614.
S	63	Deferred revenue Loans from officers, directors, trustees, and le			-	2,020	63	
abilities							64a	
de	l	2 Tax-exempt bond liabilities			··· ├		64b	
_	l	 b Mortgages and other notes payable Other liabilities (describe ► 			·· \		65	
	65	Other habilities (describe			- ′ ├─		100	
	ce	Tablication Addition CO showing CE				8,069.	66	9,808.
	66	Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here			-			<u> </u>
	Org	67 through 69 and lines 73 and 74.	III all	d complete lines				
S	67	-				109,151.	67	131,733.
Š	67	Unrestricted				103/131	68	131/733.
<u> </u>	68	Temporarily restricted					1 1	
9	69	Permanently restricted particles and serious state of the serious state of the serious					69	
Ē	Urg.		ck nere 🚩	and				
5	70	complete lines 70 through 74.					70	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	•			:	70	
SS	71	Paid-in or capital surplus, or land, building, a			1.		71	
st A	72	Retained earnings, endowment, accumulated					72	
ž	73	Total net assets or fund balances. Add lines 67 th	-	•		100 151		121 722
	٠,	(Column (A) must equal line 19 and column (B) mu				109,151. 117,220.	73	131,733. 141,541.
	74	Total liabilities and net assets/fund balance	es. Add IINės	מס מחם / 3		11/,220	- 74	141,341.

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Registry of Charitable Trusts

		•			
	n 990 (2006) RIVER CITY COMMUNITY :	SERVICES Icial Statements Wit		91-1851 er Return (S	
2000000	instructions.)				
а	Total revenue, gains, and other support per audited financial statemen	ts		a	252,588
b	Amounts included on line a but not on Part I, line 12:		1		
1	Net unrealized gains on investments				
2	Donated services and use of facilities			62.	
3	Recoveries of prior year grants	<u> 68</u>		<u> </u>	
4	Other (specify): SPECIAL EVENTS DIRECT EXPE				47 242
	Add lines b1 through b4		•	1 1	47,243 205,345
C	Subtract line b from line a			C	205,345
d	Amounts included on Part I, line 12, but not on line a:	1	. 1		
1	Investment expenses not included on Part I, line 6b				
2	Other (specify):				0
	Add lines d1 and d2				205,345
e	Total revenue (Part I, line 12). Add lines c and d	noial Statemente W	ith Evponese	per Return	203,343
					230,006
a	Total expenses and losses per audited financial statements			a	230,000
b	Amounts included on line a but not on Part I, line 17:	1		63	
1	Donated services and use of facilities	<u>D</u>	25,3	02.	
2	Prior year adjustments reported on Part I, line 20				
3	Losses reported on Part I, line 20	NCE .	3 4 21,8	01	
4	Other (specify): SPECIAL EVENTS DIRECT EXPE Add lines b1 through b4	NSE D	21,0	01.	47,243
					182,763
	Subtract line b from line a			c	102,703
ď	Amounts included on Part I, line 17, but not on line a:		• 1		
1		1			
2	Other (specify):			d	0
_	Add lines d1 and d2				182,763
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke	v Fmnlovees (List eac	h nerson who was	san officer di	
8.85.	or key employee at any time during the year even if they we				100101, 1103100,
	(A) Name and address				
		P 3 3 3 3 3 3 3 3 3 3	<u> </u>	CONTRACTOR PIC	0.00
ĒĒ	E STATEMENT 5		46,305.	4,639	· 0
			· · · · ·		
				1	
_					
_					
				<u> </u>	
_					
					·

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

91b X

Form 990 (2006)

and Financial Accounts.

	If "Yes," enter the name of the foreign			/A	Ohack k		
	Section 4947(a)(1) nonexempt charitable and enter the amount of tax-exempt into	_					N/A
	t VII Analysis of Income-Pro						217 22
	e: Enter gross amounts unless otherwise			business income		section 512, 513, or 514	(E)
	cated.		(A)	(B)	(C)	(D)	Related or exempt
ı	Program service revenue:		Business code	Amount	sion code	Amount	function income
1						<u> </u>	
1							
		j					
,							
	Medicare/Medicaid payments						
	Fees and contracts from government ag	gencies					
	Membership dues and assessments						
	Interest on savings and temporary cash investigation	stments			14	3,387.	
	Dividends and interest from securities						
	Net rental income or (loss) from real est	ate:					
	debt-financed property	_		<u>.</u>			<u></u>
)	not debt-financed property			<u> </u>			
	Net rental income or (loss) from persona	al property					
	Other investment income				•		
	Gain or (loss) from sales of assets						
	other than inventory						71 70
	Net income or (loss) from special events						71,704
		itory					
	Other revenue:						
3							
,		_					
1							
9							
•	Subtotal (add columns (B), (D), and (E))			(0.	3,387	71,70
	Total (add line 104, columns (B), (D), and				Date Control		= = 0.0
•	e: Line 105 plus line 1e, Part I, should eq	ual the amou	nt on line 12	, Part I.	********	*==::4::7::17::17::17::17::17::17::17::17::	
	rt VIII Relationship of Activiti				npt Purpo	ses (See the instruc	tions.)
_	e No. Explain how each activity for which i						
١	exempt purposes (other than by pro	viding funds fo	r such purpos	es).			
)	1 GOLF TOURNAMENT,	EMPTY F	BOWLS,	AND OTHER	SPECIA	L EVENTS TO	PROVIDE
	FUNDING FOR PROGR	AMS					<u> </u>
		•					
_			<u></u>				
8	rt IX Information Regarding		<u>Subsidiari</u>		rded Entit		
٧á	(A) ame, address, and EIN of corporation, F	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
	partnership, or disregarded entity own	nership interest	_			Total Income	assets
		9		·			
_	N/A	9					
		9					
	ert X Information Regarding	· · · · · · · · · · · · · · · · · · ·	<u></u>		-15	<u> </u>	<u></u>
8		. POBOTO#O	TI CCAAIA1	OR WITH MARCAP	isi HAMAtit	T:ABTPSATE (CAA 6)	a inefrictions)

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Registry of Charitable Trusts

	controlling organization as defined in section 512(b)(13).	N/A		Yes	No
06 Did the r	eporting organization make any transfers to a controlled entity	as defined in section 51	12(b)(13) of the Code? If "Yes."	T I	-,
complete	the schedule below for each controlled entity.		,		
į	(A)	(B)	(C)	(D)	
ļ	Name, address, of each	Employer Identification	Description of	Amount o	f
	controlled entity	Number	transfer	transfer	
a					
		_			
.					
b		. [
Ī					
c					
	T.A.I.				
	Totals	<u> </u>	<u></u>	Yes	NI
07 Did the r	eporting organization receive any transfers from a controlled e	ntity as defined in secti	on E12/h)/12) of the Code2 If I		INC
	eporting organization receive any transfers from a controlled each schedule below for each controlled entity.	muty as defined in secti	on 512(b)(13) of the Code? If	res,	
Complete	(A)	_ (B)	(C)	(D)	
	Name, address, of each	Employer	Description of	Amount o	of
	controlled entity	Identification Number	transfer	transfer	
a					
ь					
	·].			
c				•	
	Totals			V	
IOO Distance		47 0000	:	Yes	No
	organization have a binding written contract in effect on August s described in question 107 above?	17, 2006, covering the	interest, rents, royaities, and		
	s described in question to above: er penalties of perjury, I declare that I have examined this return, including accompar completa, Declaration of preparer (other than officer) is based on all information of who	nying schedules and statement	s, and to the best of my knowledge and b	elief, it is true, com	ect,
and	complete Declaration of preparer (other than officer) is based on all information of wh	hich preparer has any knowledg	ge. /		
Please 🔍	(Homola K Kesler		2/21/08		
	Signature of officer	· · · ·	Date		
Sign					
Sign	Pamelal Kepler Treasur	N 10. 1~			
Sign	Tomela K. Kepler, Treasus Type or print name and title	ter			
Sign Here		Daje , C		or PTIN (See Gen.	inst.
Sign Here Presign	Type or print name and title Andle of House	1/00/02	Check if Preparer's SSN mployed	or PTIN (See Gen.	inst.
Preparer's Firm	parer's July Huse same for PAMPRELL TAYLOR & COMPANY		elf-	or PTIN (See Gen.	inst.
Paid Sign Preparer's Figure 9 Jse Only	parer's Anature And And And Andrews Company (Se name (or CAMPBELL TAYLOR & COMPANY (Se name) (Se name (or CAMPBELL TAYLOR & COMPANY (SE name) (Se	Y	elf- imployed	or PTIN (See Gen.	inst. :
Paid Sign Preparer's Figure 9 Jse Only	parer's nature S name (or CAMPBELL TAYLOR & COMPANY s if eraployed), reas, and 3741 DOUGLAS BLVD, SUITE	Y	elf- imployed	· 	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No. 1545-0047

Employer identification number Name of the organization 91: 1851398 RIVER CITY COMMUNITY SERVICES Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (e) Expense count and other allowances (b) Title and average hours (a) Name and address of each employee paid employee benefit plans & deferred compensation (c) Compensation per week devoted to more than \$50,000 position NONE Total number of other employees paid 0 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services 0

P	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			1
	lobbying activities > \$ \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1	0100010001000	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
6	Sale, exchange, or leasing of property?	2a		X
ı	Lending of money or other extension of credit?	2b		X
	Furnishing of goods, services, or facilities?	20		X
(Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A, FORM 990	2d	X	<u> </u>
(a Transfer of any part of its income or assets?	28		X
3 ;	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
١	b Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
(Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
(Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
Į	Did the organization make any taxable distributions under section 4966? N/A	4b		
(Did the organization make a distribution to a donor, donor advisor, or related person?	4¢		
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
1	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
,	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

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Registry of Charitable Trusts

ify that th	he organization is not a private foundation because it is: (Please check only ONE a	applicable box.)			
Ш	A church, convention of churches, or association of ch	urches. Section 170(b)(1)(A)(i).			
	A school. Section 170(b)(1)(A)(ii). (Also complete Part	(V.)				
	A hospital or a cooperative hospital service organization	n. Section 170(b)(1)(A)((ili).			
	A federal, state, or local government or governmental i	init. Section 170(b)(1)(A	l)(v).			
	A medical research organization operated in conjunction	n with a hospital. Sectio	л 170(b)(1)(A)(iii). Enter t	he hospital's	name, city,	
	and state	4				
	An organization operated for the benefit of a college or	university owned or ope	rated by a governmental u	ınit. Section 1	170(b)(1)(A)(iv)	
	(Also complete the Support Schedule in Part IV-A.)	-				
X	An organization that normally receives a substantial page.	art of its support from a	governmental unit or from	the general p	oublic.	
	Section 170(b)(1)(A)(vi). (Also complete the Support		•			
	A community trust. Section 170(b)(1)(A)(vi). (Also con	•	edute in Part IV-A)			
	An organization that normally receives: (1) more than		•	rship fees, ar	nd gross	
	receipts from activities related to its charitable, etc., ful					
	its support from gross investment income and unrelate				ses acquired	
	by the organization after June 30, 1975. See section 5	09(a)(2). (Also complet	te the Support Schedule in	Part IV-A.)		
	An organization that is not controlled by any disqualifie	ed persons (other than fo	nundation managers) and	ntherwise me	ets the requiren	nents of section
	509(a)(3). Check the box that describes the type of su		editadan managara, ana	011101111001110	ato the require	
	Type I Type II	· · · 	unctionally Integrated	9	Type III-O	ther
			unctionally integrated	'	туре ііі О	aigi
	11 T STREETING 12					
	Provide the following information a	bout the supported orga	nizations. (See page 7 of	the instructio	ons.)	
	Provide the following information a (a)	bout the supported orga (b)	nizations. (See page 7 of	the instruction (d)		(e)
		(b) Employer	(c) Type of organization	(d) Is the su	pported	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines	(d) Is the su organization	pported in listed in	
	(a)	(b) Employer	(c) Type of organization (described in lines 5 through 12 above	(d) Is the su organization the sup	pported on listed in porting	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines	(d) Is the su organization the sup organiza	pported in listed in	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	(d) Is the su organization the sup organiza	pported on listed in porting ration's	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of
	(a)	(b) Employer identification	(c) Type of organization (described in lines 5 through 12 above	ls the su organization the sup organiz governing o	pported on listed in porting ration's documents?	Amount of

,

	dar year (or fiscal year	worksheet in the instru		(c) 2003	(d) 2002	(e) Total
begin 15	ning in) Gifts, grants, and contributions	(a) 2005	(b) 2004	(6) 2003	(u) 2002	(8) 10(9)
	received. (Do not include unusual grants. See line 28.)	117,893.	124,127.	118,088.	113,586.	473,694.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	50,188.	41,364.	15,539.	11,118.	118,209.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	787.	445.	421.	285.	1,938.
19	Net income from unrelated business					
	activities not included in line 18		•			
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	,				
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	168,868.	165,936.	134,048.	124,989.	593,841.
24	Line 23 minus line 17	118,680.	124,572.	118,509.	113,871.	475,632.
25	Enter 1% of line 23	1,689.	1,659.	1,340.	1,250.	9,513.
26 b c d	Organizations described on lines 1 Prepare a list for your records to sho unit or publicly supported organizati Do not file this list with your return Total support for section 509(a)(1) the Add: Amounts from column (e) for I	ow the name of and amour ion) whose total gifts for 20 . Enter the total of all these lest: Enter line 24, column	ot contributed by each pers 2002 through 2005 exceeded excess amounts (e)	son (other than a governr	mental ine 26a.	0 475,632 1,938
	Public support (line 26c minus line)					473,694
es f	Public support percentage (line 26					99.5925
27 b	organizations described on line 12 records to show the name of, and to such amounts for each year: (2005) For any amount included in line 17 t and amount received for each year, described in lines 5 through 11b, as	ta For amounts included in tal amounts received in ea N/A (2004) that was received from each that was more than the lare well as individuals.) Do no	n lines 15, 16, and 17 that ch year from, each "disqua (200 n person (other than "disq ger of (1) the amount on It file this list with your re	were received from a "disalified person." Do not file 03) ualified persons"), prepar line 25 for the year or (2) sturn. After computing the	squalified person," prepa this list with your return (2002) e a list for your records \$5,000. (Include in the a difference between the	rn. Enter the sum of to show the name of, list organizations
	the larger amount described in (1) of (2005)	(2004)	(200	03)	(2002)	
C		iines: 15		16		N/A
d	17 Add: Line 27a total	40	t line 27h total		27d	N/A
e	Public support (line 27c total minus	line 27d total)	2 mio 27 0 total		≥ 278	N/A
1	Total support for section 509(a)(2)	test: Enter amount on line	23, column (e)	► 27f N	I/A	
g						N/A •
•	Investment income percentag					N/A
28	Unusual Grants: For an organizatio show, for each year, the name of the c return. Do not include these grants in	in described in line 10, 11, contributor, the date and ar	or 12 that received any un	usual grants during 2002	through 2005, prepare ture of the grant. Do not	i file this list with your
6231	31 01-18-07	IN	OME:		Schedu	ule A (Form 990 or 990-EZ) 200

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Private School Questionnaire (See page 9 of the instructions.)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
		_		
32	Does the organization maintain the following:		**** **	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		ļ	
þ.	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32¢		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	-		
a	Students' rights or privileges?	33a		
b	Admissions policies?		<u> </u>	
C	Employment of faculty or administrative staff?			1
d	Scholarships or other financial assistance?		ļ	
6	Educational policies?			-
f	Use of facilities?			ļ
g	Athletic programs?			
ħ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50.			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures Ouring 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)		(a) 2006			(d) 2003	(e) Total	
45 Lobbying nontaxab amount						(
46 Lobbying ceiling ar (150% of line 45(e)						· (
47 Total lobbying expenditures						(
48 Grassroots nontaxa amount		. ,				(
49 Grassroots ceiling : (150% of line 48(e)						(
50 Grassroots lobbyin expenditures	9						

Part VI-B Lobbying Activity by Nonelecting Public Charities

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

	(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)			N/A
	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to Jence public opinion on a legislative matter or referendum, through the use of:	Yes	Na	Amount
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines & through h.)	,		
Ç	Media advertisements			
	Mailings to members, legislators, or the public			
	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body		_	,
h	Raillies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

			Relationships With Nonchari	table		
51 Did the reporting organization directly	ONS (See page 13 of the instru		prognization described in section			
501(c) of the Code (other than section						
a Transfers from the reporting organiza					Yes	No
		-		51 a(i)		Х
						Х
b Other transactions:						
	h a noncharitable exempt organ	ization		b(i)		X
	· ·			1		X
						X
						Х
(v) Loans or loan guarantees				b(v)	ļ	X
					ļ	X
	-			<u>C</u>		X
_			always show the fair market value of the			
goods, other assets, or services give					/ <u>-</u>	
transaction or sharing arrangement.		the goods, other assets, o			N/A	
(a) (b) Line no. Amount involved	(c) Name of noncharitable exe	mnt organization	Description of transfers, transactions, and	l charing a	rranner	nente
Life no. Amount involved	INDITION OF HONOCHARICADIE EXE	mpt organization	Description of translers, transactions, and	i Silaliliy a	italiyet	11011(3
			-			
		· · · · · · · · · · · · · · · · · · ·				
	<u> </u>					
•						
<u> </u>			<u> </u>			
		- 1 d d				
		•				
52 a Is the organization directly or indirec	tly affiliated with, or related to, o	ne or more tax-exempt org	panizations described in section 501(c) of the)		
Code (other than section 501(c)(3))			> [Yes	X	🗓 Na
b If "Yes," complete the following scheen	dule: N/A	1				
(a) Name of organiz	ation	(b) Type of organization	Description of relations	ship		
40-00-00-00-00-00-00-00-00-00-00-00-00-0	 -					
				•		
						
						
		•				
	•					
				-		
	-		· · · · · · · · · · · · · · · · · · ·			
			 			
						-
189 6577 824						
623152 01-18-07			Schedule A (Fo	rm 990 or	990-E2	Z) 200

FORM 990	SPECIAL EVE	NTS AND ACTIV	VITIES	ST	ATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS FUNDRAISING EVENTS	93,585.		93,585.	21,881.	71,704.
TO FM 990, PART I, LINE 9	93,585.		93,585.	21,881.	71,704.
FORM 990	ОТН	ER EXPENSES		ST	ATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGE AND GE		(D) UNDRAISING
WORKER'S COMPENSATION FOOD PURCHASES FOOD TRANSPORT	2,731. 40,124.		ł.	601.	710.
INSURANCE MAINTENANCE RENTAL ASSISTANCE	3,045. 2,023. 4,339. 25,527.	1,821 3,905	l. 5.	101. 217.	101. 217.
UTILITIES PROFESSIONAL SERVICES	4,187. 5,044.	3,769	· .	209. 5,044.	209.
MISCELLANEOUS —	1,405.	1,405	-		1 227
TOTAL TO FM 990, LN 43	88,425.		5.	6,172.	1,237

EXPLANATION

RCCS PROVIDES COMPASSIONATE ASSISTANCE, NUTRITIONALLY BALANCED FOOD AND EMERGENCY HOUSING AID TO PEOPLE GROWING TOWARDS SELF-RELIANCE.

P. O. BOX 160204 SACRAMENTO, CA 95816

FORM 990 DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATE	EMENT 4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATIO		X VALUE
REFRIGERATORS & FREEZERS	4,200.	2,52	10.	1,680
SERVER	1,005.		1.	704
SOFTWARE SOFTWARE	3,584. 1,000.	1,49 50	14.	2,090 500
TOTAL TO FORM 990, PART IV, LN 57	-	4,81		4,974
FORM 990 PART V-A - LIST OF C TRUSTEES	AND KEY EMPLOYEE			EMENT
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT F. GAINES P. O. BOX 160204 SACRAMENTO, CA 95816	PRESIDENT 0.00	0.	0.	. 0
ERNEST L. LEWIS, MD P. O. BOX 160204 SACRAMENTO, CA 95816	VICE-RESIDENT 0.00	0.	0.	0
PAMELA KEPLER P. O. BOX 160204 SACRAMENTO, CA 95816	TREASURER 0.00	0.	0.	0
FRED SAUZE P. O. BOX 160204 SACRAMENTO, CA 95816	SECRETARY 0.00	0.	0.	0
TRACY J.CAMPBELL P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0
BILL EDWARDS P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	. 0
WILLIAM COYLE P. O. BOX 160204 CACRAMENTO CA 95816	DIRECTOR 0.00	0.	0.	0

RIVER CITY COMMUNITY SERVI	CES	· .	91-1	851398
HARRY HILLS P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
VICTORIA HOLLINGSHEAD P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
BOB CUTTLE P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
CATHY LEVERING P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	٥.
TOM SEBO P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
EILEEN THOMAS P. O. BOX 160204 SACRAMENTO, CA 95816	EXECUTIVE DIR	ECTOR 46,305.	4,639.	0.
ANN MASK P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990,	PART V-A	46,305.	4,639.	0.

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FEB 25 2008

Charitable Lunata Begistry of

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2006	
Open to Public Inspection	

10 a Gross sales of inventory, less returns and allowances 10 a 10 b 10 b 10 b 10 b 10 b 10 b 10 c 10 c 10 c 10 c 11 11	A I	For the 201	Of calendar year, or tax year beginning	and en	aing		
Section Services Post Po		Check if applicable:	Please			D Employer Identif	ication number
Section State Orange Down Continued and state Orange Down		Address		ERVICES		91-1851	.398
	\vdash	Name	type. Number and street (or P.O. hox if mail is not d	E Telephone numb	er		
Section Streeting Sect	Ē	Initial		······································			
Mapping Section SOTIC()(3) organizations and 4447(a)(1) nonexample that the complete Schedule A (From 990 or 990 exercise): Annual status a complete Schedule A (From 990 or 990 exercise): All your present or must attach a complete Schedule A (From 990 or 990 exercise): All your present or must attach a complete Schedule A (From 990 or 990 exercise): All your present or must attach a complete Schedule A (From 990 or 990 exercise): All your present or must be supported by a complete schedule A (From 990 exercise): All your present or must be supported by a complete schedule A (From 990 exercise): All your present or must be supported by a complete schedule A (From 990 exercise): All your present or must be supported by a complete schedule A (From 990 exercise): All your present or must be a complete schedule A (From 990 exercise): All your present or must be a complete schedule A (From 990 exercise): All your present or must be a complete schedule A (From 990 exercise): All your present or must be a complete schedule A (From 990 exercise): All your present your pressor your present your present your present your present your pre		Finat	tions. City or town, state or country, and ZIP + 4	· · · · · · · · · · · · · · · · · · ·			Cash X Accrual
Wability No. Strict S		iretum	BACKAMENIO, CA 93010			Other (specify)	
Website: PRIVERCITYCOMMUNITYSERVICES ORG Http://enter.mail.com/second/		Application pending	 Section 501(c)(3) organizations and 4947(a)(1) report attach a completed Schedule 4 (Form 900) 	onexempt charitable trusts			
1			· ·	-			
R Check here							
Check hase							YesNo
Cross receipts: Add lines 5b, 8b, 9b, and 10b to line 12 227,226 M Check 1 the organization is not required to attach schedule.			• • • • • • • • • • • • • • • • • • • •	-	H(d) is this a separa	te return filed by an i	or-
Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 227, 226 M Check If the organization is not required to attach Sch. 8 (Form 1900, 990-EZ, or 990-PF).				I, but if the organization			
Park	_	CHOOSES II	o lite a recurri, de sure to lite a complete recurri.	<u> </u>			
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances		Grace race	sinte: Add lines 6h. 8h. 9h. and 10h to line 12	227.226.			
1 Contributions, giffs, grants, and similar amounts received: 2 Contributions to donor advised funds 1 1 1 1 1 1 1 1 1		last 1	Revenue Expenses and Changes in No				· · ·
Book Contributions to donor advised funds 18	<u> </u>						
Direct public support (not included on line 1a)					1		
Comparison Co					114,2	254.	
Box Companies Companies		1					
Program service review including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents 6 b Less: rental expenses 7 Other investment income (describe		1			16,0	000.	
3 Membership dues and assessments 3 4 3 , 387 .) 18	130,254.
Interest on savings and temporary cash investments 4 3,387.		2	Program service revenue including government fees and	2			
Solution Solution		3	Membership dues and assessments	3			
Section Sec		4	Interest on savings and temporary cash investments	4	<u>3,387.</u>		
Description		5				5	.
C Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe ►) 7 8 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss). (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here B Gross revenue (not including \$ 0 • or combine line 9a 93 , 585 • b Less: circle expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a b Less: cost of goods sold c Gross spirit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10 Other revenue (from Part VII, line 103) 11 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 12) 10 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Other changes in net assets or fund balances (attach explanation) 22 Other changes in net assets or fund balances (attach explanation) 23 Net assets or fund balances at ded of year. Combine lines 18, 19, and 20 24 131, 733.		6 a	Gross rents	<u>6a</u>			
7 Other investment income (describe ►			Less: rental expenses				
than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here 10 Gross revenue (not including \$ 0 • of contributions reported on line 1b) 10 Less: circet expenses other than fundraising expenses 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10 c Gross sprofit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 Other revenue (from Part VIII, line 103) 11 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (C)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	9	g C		***************************************			
than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here 10 Gross revenue (not including \$ 0 • of contributions reported on line 1b) 10 Less: circet expenses other than fundraising expenses 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10 c Gross sprofit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 Other revenue (from Part VIII, line 103) 11 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (C)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	ē	7	•	/83.0 162	(B) O46 a-] /	·
b Less: cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ 0 - of contributions reported on line 1b) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10 ther revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 Total revenue (from line 44, column (B)) 13 121, 385. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 17, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	á	5 8 a			(B) Other		
E Gain or (loss) (attach schedule)							
d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ 0 • or contributions reported on line 1b) 9a 93,585. b Less: direct expenses other than fundraising expenses 9b 21,881. c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1 9c 71,704. 10 a Gross sales of inventory, less returns and allowances 10b c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 11c Other revenue (from Part VII, line 103). 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 205, 345. 13 Program services (from line 44, column (B)) 13 121, 385. 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 15 18 18, 703. 16 Payments to affiliates (attach schedule) 16 17 Total expenses. Add lines 16 and 44, column (A) 17 182, 763. 18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 22, 582. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 109, 151. 20 Other changes in net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733.		0		0.0			
Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ 0 • of contributions reported on line 1b) 9a 93,585 • b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1 9c 71,704 • 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 11 Other revenue (from Part VII, line 103) 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 205 , 345 • 13 Program services (from line 44, column (B)) 13 1221 , 385 • 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 15 18, 703 • 16 Payments to affiliates (attach schedule) 16 17 Total expenses. Add lines 16 and 44, column (A) 17 182, 763 • 18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 22, 582 • 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 109, 151 • 20 Other changes in net assets or fund balances (attach explanation) 20 0 • Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733 •		4			.1	hA	
a Gross revenue (not including \$ 0 • of contributions reported on line 1b) 9a 93,585 • 9b 21,881 • C Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1 9c 71,704 • 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11c 11 Other revenue (from Part VII, line 103) 11 2 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 Total revenue (from line 44, column (B)) 13 121, 385 • 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 15 18, 703 • 16 Payments to affiliates (attach schedule) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 17 182, 763 • 18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 2, 582 • 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 109, 151 • 20 Other changes in net assets or fund balances (attach explanation) 20 0 • 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733 •		- f .				·····	
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733.						585.	
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10 a Gross sales of inventory, less returns and allowances 10a 10b		C	Net income or (loss) from special events. Subtract line 9b	from line 9a SEE	STATEMENT	1 9c	71,704.
C Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c		10 a					
11 Other revenue (from Part VII, line 103) 12 205, 345.		b					
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 205, 345. 13		C					
13							005 245
Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 22 1 131, 733.	_						
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17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733.	Ş	15					10,703.
18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733.	ű	-					192 763
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733.	_	_	Figure 17 from lines 15 and 44, column (A)			10	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733.							
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 131, 733.	Ž	SS 20	Other changes in net assets or fund halances (attach expl	anation)	.,	20	
	,	1 -	Net assets or fund balances at end of year. Combine lines	18, 19, and 20		21	
	62 01	3001 -18-07	· 				Form 990 (2006)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(8) Program services	(C) Management and general	(D) Fundraising
2a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	9 1				
If this amount includes foreign grants, check here	22a				
2b Other grants and allocations (attach schedule)					
(cash \$0 _ noncash \$0					
If this amount includes foreign grants, check here	22b		_		
3 Specific assistance to individuals (attach					
schedule)	23				
4 Benefits paid to or for members (attach					
schedule)	24				
5a Compensation of current officers, directors, key		4.6 0.0-	10 501	00 000	6 046
employees, etc. listed in Part V-A	253	46,305.	18,521.	20,838.	6,946.
b Compensation of former officers, directors, key			_		
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	21,052.	8,421.	9,473.	3,158.
27 Pension plan contributions not included on					
lines 25a, b, and c	27	6,040.	2,114.	1,812.	2,114.
28 Employee benefits not included on lines					
25a - 27	28	9,221.	4,795. 2,789.	2,029. 1,180.	2,397. 1,394.
29 Payroll taxes	29	5,363.	<u>2,789.</u>	1,180.	1,394.
30 Professional fundraising fees	30		· · · · · · · · · · · · · · · · · · ·		
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	923.		923.	
34 Telephone	34	1,655.	1,159.	248.	248.
35 Postage and shipping	35	1,209.			1,209.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	2,570.	2,570.		
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
C	43c				
d	436				
8	43e				
f	43f				
g SEE STATEMENT 2	439	88,425.	81,016.	6,172.	1,237.
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D).					
carry these totals to lines 13-15)	44	182,763.	121,385.	42,675.	18,703.
Joint Costs. Check ▶ ☐ if you are following	SOP	8-2.			
Are any joint costs from a combined educational campa	ign and	fundraising solicitation rep	orted in (B) Program serv	rices? ► [Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	-	/-	ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$			v) the amount allocated to		N/A
523011 01-23-07					Form 990 (2006)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a FOOD CLOSET PROGRAM: PROVIDES FOOD FOR NEEDY INDIVIDUALS AND FAMILIES THROUGHOUT SACRAMENTO COUNTY. WE PROVIDED THE EQUIVALENT OF 286,493 MEALS TO 11,310 HOUSEHOLDS RECEIVED FOOD THAT INCLUDED 8,914 CHILDREN.	
(Grants and allocations \$ 34,227.) If this amount includes foreign grants, check here ▶ □ b RENTAL ASSISTANCE PROGRAM: PROVIDE VOUCHERS TO SUPPLEMENT RENT IN ORDER FOR FAIMLIES TO REMAIN IN THEIR HOMES; PROVIDE MOTEL VOUCHERS TO SHELTER FAMILIES.	84,324.
(Grants and allocations \$ 12,659.) If this amount includes foreign grants, check here ▶ □	37,061.
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here • Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	121,385.

m 990 (2006)	RIVER	CITY COMM

	Whe	re required, attached schedules and amounts ld be for end-of-year amounts only.	within the	e desc	ription colui	nn	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		109,470.	45	136,284.
1	46	Savings and temporary cash investments	.,,					46	
	47 a	Accounts receivable	47a	ļ					
	b	Less: allowance for doubtful accounts	47b	202020	******************************	**************		47c	
	48 a	•							
}	b	Less: allowance for doubtful accounts	48b	<u> </u>				48c	
	49	Grants receivable						49	
	50 a	Receivables from current and former officers							
		key employees				,		50a	
	b	Receivables from other disqualified persons							
Ş.		4958(f)(1)) and persons described in section	4958(c)(3	3)(B) .				50b	
Assets		Other notes and loans receivable							
₹	b	Less: allowance for doubtful accounts	51b	<u> </u>				51c	
	52	Inventories for sale or use						52	
	53	Prepaid expenses and deferred charges				<u></u> L	207.	53	283
	54 a	Investments - publicly-traded securities			Cost	FMV		54a	
	b	Investments - other securities			Cost	FMV		54b	
	55 a	Investments - land, buildings, and							
		equipment: basis	55a	<u> </u>					•
			Ì						
	b	Less: accumulated depreciation	55b	Ь				55c	_
	56	Investments - other						56	
	57 a	Land, buildings, and equipment: basis		_	9	,789. ,815.	5 540		4 074
	b	Less: accumulated depreciation STMT 4		<u> </u>	4	, 815 ·	7,543.	57c	4,974
	58	Other assets, including program-related investment	nts						
		(describe >) -	117 000	58	141 541
	59	Total assets (must equal line 74). Add lines					117,220		141,541
	60	Accounts payable and accrued expenses					6,744	1	6,194
	61	Grants payable					1,325	61	3,614
Ø	62	Deferred revenue					1,323	+ - +	3,014
litie	63	Loans from officers, directors, trustees, and	• •	•				63	
iabilities	l	Tax-exempt bond liabilities						64a 64b	
=	l	Mortgages and other notes payable				······ }		65	
	65	Other liabilities (describe				············		65	
	66	Total liabilities Add lines 60 through 65					8,069	. 66	9,808
		Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here	x	land	nomplete lin	00	07003		
	Oigi	67 through 69 and lines 73 and 74.	0 P LAA	Janu	complete iii	63			
es S	67	Unrestricted					109,151	67	131,733
auc	68	Temporarily restricted						68	
ē	69	Permanently restricted						69	
5		anizations that do not follow SFAS 117, che							
3		complete lines 70 through 74.		_					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current fund	ds					70	
Sets	71	Paid-in or capital surplus, or land, building,						71	
AS	72	Retained earnings, endowment, accumulate						72	
ē	73	Total net assets or fund balances. Add lines 67 t				r -			
-		(Column (A) must equal line 19 and column (B) n	-		•		109,151	. 73	131,733
	1	· · · · · · · · · · · · · · · · · · ·			,		117,220		

90 a List the states with which a copy of this return is filed ►CA

b Number of employees employed in the pay period that includes March 12, 2006

90 b

The books are in care of ► DONNA CHIPPS

Located at ► 1322 27TH STREET, SACRAMENTO, CA

Telephone no. ► 916-446-2627

ZIP+4 ► 95816

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country

N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Form **990** (2006)

Yes

No

X

orm 990 (2006) RIVER CTTY Part Vi Other Information (continued)	0012101123		·		Yes No
c At any time during the calendar year, did the c	rganization maintai	n an office outside	of the Unite	ed States?	g1c X
If "Yes," enter the name of the foreign country		/A			
Section 4947(a)(1) nonexempt charitable trust:					
and enter the amount of tax-exempt interest re				> 92	N/A
Part VII Analysis of Income-Producir					· **-
Note: Enter gross amounts unless otherwise		business income		by section 512, 513, or 514	(E)
ndicated.	(A) Business	(B) Amount	(C) Exclu-	(D) Amount	Related or exempt
33 Program service revenue:	code	, unounc	sion code	711100110	function income
a	_				
b	_ _ _				ALUTA.
C	_				
d		•			
e	_				
Medicare/Medicaid payments					·
g Fees and contracts from government agencies	1 1		_		
Membership dues and assessments			1 1 1	2 207	
95 Interest on savings and temporary cash investments			14	3,387.	
Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					·
to not debt-financed property			- - -		
98 Net rental income or (loss) from personal prope					**************************************
99 Other investment income					1-1-1-1-1
OG Gain or (loss) from sales of assets					
other than inventory	1 1				71,704
92 Gross profit or (loss) from sales of inventory					
03 Other revenue:					
a					
c				n ·	
d					
8					
04 Subtotal (add columns (B), (D), and (E))			0.	3,387.	71,704
05 Total (add line 104, columns (B), (D), and (E))				.	75,091
lote: Line 105 plus line 1e, Part I, should equal the	amount on line 12,	Part I.			
Part VIII Relationship of Activities to	the Accomplis	hment of Exe	mpt Purp	oses (See the instruction	ons.)
Line No. Explain how each activity for which income i	s reported in column (E) of Part VII contrib	uted importar	itly to the accomplishment (of the organization's
exempt purposes (other than by providing for	 	 			
01 GOLF TOURNAMENT, EMP	ry BOWLS,	AND OTHER	SPECI	AL EVENTS TO	PROVIDE
FUNDING FOR PROGRAMS					
					
	bla Balair Park	I B'		int	
Part IX Information Regarding Taxa (A) (9)	ble Subsidiarie	s and Disrega (C)	rded Ent	I tles (See the instruction (D)	
Name, address, and EIN of corporation, Percenta	ge of	Nature of activities		Total income	(E) End-of-year
partnership, or disregarded entity ownership					assets
N/A	% 		<u> </u>		
IN/ A	%		-		
	%				
Darf V Information Decarding Trans		od with Dans	al Paras	it Contracts (0 - 1)	. i.a.du.a.di 1
Part X Information Regarding Tran				•	
(a) Did the organization, during the year, receive any fu					Yes X No
(b) Did the organization, during the year, pay premium Note: If "Yes" to (b), file Form 8870 and Form 473			u contract?		Yes X N
ivoletii tes to (b), iile rottii 6670 and rotm 4/;	: o (see instructions,	·			

623163 01-18-07

Please 12-4-07 Sign Signature of officer

11/14/01

Here Type or print name and title

ROSEVILLE, CA 95661

Date

Preparer's Paid signature Preparer's Firm's name (or Use Only self-employed).

address, and ZIP + 4

CAMPBELL TAYLOR & COMPANY 3741 DOUGLAS BLVD, SUITE 350 Check if self-Preparer's SSN or PTIN (See Gen. Inst. X) employed > EIN -

> Phone no. ► (916) 92,9-3680 Form 990 (2006)

623164/01-26-07

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SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number 91: 1851398 RIVER CITY COMMUNITY SERVICES Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to (d) Contributions to (e) Expense account and other (a) Name and address of each employee paid (c) Compensation employee benefit plans & deferred more than \$50,000 position allowances compensation NONE Total number of other employees paid 0 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 3 Sale, exchange, or leasing of property?	2a		x
	b Lending of money or other extension of credit?	2b		X
	© Furnishing of goods, services, or facilities?	20		Х
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
	Transfer of any part of its income or assets?	28		X
	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		х
	b Dd the organization have a section 403(b) annuity plan for its employees?	34		Х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		Х
	b Did the organization make any taxable distributions under section 4966? N/A	46		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			Λ
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			<u> </u>

9,933,	t IV	Reason for Non-Private Foundation S	tatus (See pages 4 ti	rough 7 of the instruction	18.)				
certif	y that the	e organization is not a private foundation because it is: (f	Please check only ONE a	pplicable box.)					
5		A church, convention of churches, or association of ch)(A)(i).					
6	\vdash	A school. Section 170(b)(1)(A)(ii). (Also complete Part							
7		A hospital or a cooperative hospital service organization							
8 9	-	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).							
9	ш	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►							
10		An organization operated for the benefit of a college or	university owned or ope	rated by a governmental L	ınit. Section 1	70(b)(1)(A)(iv	l.		
-		(Also complete the Support Schedule in Part IV-A.)	,	, •		, ,, ,, ,, ,,			
11a	X	An organization that normally receives a substantial pa	rt of its support from a ç	overnmental unit or from	the general p	ublic.			
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)						
11b		A community trust. Section 170(b)(1)(A)(vi). (Also con							
12		An organization that normally receives: (1) more than 3							
		receipts from activities related to its charitable, etc., fun its support from gross investment income and unrelate	id business taxable inco	ne (less section 511 tax):	from busines:	ses acquired			
		by the organization after June 30, 1975. See section 5							
13		An organization that is not controlled by any disqualifie	d persons (other than fo	undation managers) and	otherwise me	ets the requirer	ments of section		
		509(a)(3). Check the box that describes the type of sur	·	.					
		Type I Type II	· —	nctionally Integrated		Type III-0	ther		
		Provide the following information al		T					
		(a)	(b)	(c)	(d)	l l	(e)		
		Name(s) of supported organization(s)	Employer Identification	Type of organization					
			Jubillilication	(described in lines	organizatio	II (15(80 III	support		
			number (EIN)	5 through 12 above	the sup	porting	support		
				5 through 12 above or IRC section)	the sup organiz	porting	suppor		
				5 through 12 above	the sup organiz	porting ation's	support		
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fotal				5 through 12 above	the sup organiz governing o	porting ation's locuments?	support		
Fotal				5 through 12 above	the sup organiz governing o	porting ation's locuments?	support		

	Support Schedule (Co Note: You may use the	omplete only if you che worksheet in the instr	cked a box on line 10, 1 sctions for converting fr	11, or 12.) Use cash r rom the accrual to the	nethod of accounting cash method of accou	nting.
nigec	tar year (or fiscal year ning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	117,893.	124,127.	118,088.	113,586.	473,694.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	50,188.	41,364.	15,539.	11,118.	118,209.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the		445.	421.	285.	1,938.
19	organization after June 30, 1975 Net income from unrelated business	787.	443.	421.	200.	1,730.
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22		165,936.		124,989.	593,841. 475,632.
24	Line 23 minus line 17	118,680.	124,572.	118,509.	113,871.	475,632.
25	Enter 1% of line 23	1,689.	1,659.	1,340.	1,250.	
26	Organizations described on lines 1				000000000000000000000000000000000000000	9,513.
b	Prepare a list for your records to sho		•	•	\$0000000000000000000000000000000000000	
	unit or publicly supported organizati	, -	-			۸
_	Do not file this list with your return.				_	475,632.
C .	Total support for section 509(a)(1) t					475,032.
a	Add: Amounts from column (e) for li	ines: 18 22	1,330. 19 _		— ▶ 26d	1,938.
_	Public support (line 26c minus line 2	24	200_			473,694
8	Public support percentage (line 26					99.5925%
	Organizations described on line 12					
	records to show the name of, and to	tal amounts received in ea	nch year from, each "disqu	alified person." Do not filo	e this list with your return	. Enter the sum of
b	For any amount included in line 17 t and amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) of	hat was received from eac that was more than the la well as individuals.) Do no or (2), enter the sum of the	th person (other than "disq rger of (1) the amount on of file this list with your re ise differences (the excess	ualified persons"), prepar line 25 for the year or (2 sturn. After computing th amounts) for each year:	re a list for your records to $35,000$. (Include in the lied of the angle of 100	show the name of, st organizations mount received and
	(2005)	(2004)	(20	03)	(2002)	
C	Add: Amounts from column (e) for I 17 Add: Line 27a total	ines: 15		16		NT / 70
	17		4 K 07L 4-4-1	21	27¢	N/A N/A
đ	Add: Line 2/a total	3n	d line 27b total	••••	> 27d	N/A N/A
+	Public support (line 27c total minus Total support for section 509(a)(2) t	tact: Enter amount on line	28 column (s)	971	► 278	N/A
9	Public support percentage (lin	est. Enter amount on IIN e ne 27e (numerator) div	ided by line 27f /dece-	minator!\	N/ A ≥ 27g	N/A %
•	Investment income percentage					N/A %
	Inusual Grants: For an organizatio	•	, .			
\$	how, for each year, the name of the c eturn. Do not include these grants in	ontributor, the date and ar	mount of the grant, and a t	brief description of the na	ture of the grant. Do not f	le this list with your

NONE

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 29 instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known 31 to all parts of the general community it serves? If "Yes," please describe: if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a b Admissions policies? 33b Employment of faculty or administrative staff? Scholarships or other financial assistance? 33d Educational policies? <u>3</u>3f Use of facilities? Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?

Schedule A (Form 990 or 990-EZ) 2006

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Schedule A (Form 990 or 990-EZ				the instructions \	91-	-1851398 Page 6 N/A
	ted ONLY by an eligible organic	tation that filed Form 5768)			,
Check 🕨 a 🕍 if the organi:	zation belongs to an affiliated g	roup. Check	▶ b if you che	cked "a" and "limited c	ontrol" j	
	.imits on Lobbying E	-		(a) Affiliated group totals		(b) To be completed for all electing organizations
111010	min experience of mount of mount	,		N/A		
36 Total lobbying expenditures	to influence public oninion (ar	assrnots Inhhvina)	36			
37 Total lobbying expenditures				- -		
38 Total lobbying expenditures						
39 Other exempt purpose exper	• • • • • • • • • • • • • • • • • • • •					
40 Total exempt purpose exper			J.—.—			
41 Lobbying nontaxable amour	nt. Enter the amount from the f	ollowing table -				
If the amount on line 40 is	- The lobbying	nontaxable amount is -				
Not over \$500,000	20% of the amo	ount on line 40				
Over \$500,000 but not over \$1,00	00,000 \$100,000 plus	15% of the excess over \$500,0	oo			
Over \$1,000,000 but not over \$1,	,500,000 \$175,000 plus	10% of the excess over \$1,000	,000 } 41		20000000	
	7,000,000 \$225,000 plus		\$0000000000000000000000000000000000000			
Over \$17,000,000	\$1,000,000		J			
42 Grassroots nontaxable amo	•					
	6. Enter -0- if line 42 is more th			***************************************		118.1
44 Subtract line 41 from line 38	8. Enter -0- if line 41 is more th	an line 38	44			
Seattle Core		. 44	. 4700			
Caution: If there is an air	nount on either line 43 or lin	e 44, you must me Forn	114720.		***********	
	(Some organizations that ma below. See the ins	ructions for lines 45 throu		e instructions.)		
Palandar yang for	(0)		T			N/A (e)
Calendar year (or tiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		Total
45 Lobbying nontaxable						
amount						0.
46 Lobbying ceiling amount						
(150% of line 45(e))						0.
47 Total lobbying						
expenditures						0.
48 Grassroots nontaxable						
amount			\$	esansona no no no secuelos está e trata están		0.
49 Grassroots ceiling amount	[0.
(150% of line 48(e))						0.
50 Grassroots lobbying						0.
expenditures Part VI+B Lobbying		ting Public Charit	ioe			<u> </u>
	only by organizations that did	_		ructions.)		N/A
During the year, did the organize	·		n, including any attem	ot to Yes	No	Amount
influence public opinion on a leg	•	ū				Ambum
					1	
	(Include compensation in expe	•			-	
	determ or the earlie					
u iviallings to members, legis	lators, or the public				1	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2006

Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (Add lines c through h.)

Exempt Organizations (See page 13 of the instructions.)	described in section	
1 Did the reporting organization directly or indirectly engage in any of the following with any other organization		
501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organ	zations?	T
a Transfers from the reporting organization to a noncharitable exempt organization of:	Ye	
(i) Cash		X
(ii) Other assets	a(II)	X
b Other transactions:		
(I) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
(II) Purchases of assets from a noncharitable exempt organization	- 4103	X
(III) Rental of facilities, equipment, or other assets	l remai	X
• •	F.6.3	X
(iv) Reimbursement arrangements	ht.A	X
(v) Loans or loan guarantees	1.2-1	X
(vi) Performance of services or membership or fundralsing solicitations		
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always should		
goods, other assets, or services given by the reporting organization. If the organization received less than	ir market value in any	
transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services i	ceived: N/	<u>'A</u>
(a) (b) (c)	(d)	
Line no. Amount involved Name of noncharitable exempt organization Descript	on of transfers, transactions, and sharing arrang	gements
		<u>-</u>
	· · · · · · · · · · · · · · · · · · ·	
	.	
	* ** · · · · · · · · · · · · · · · · ·	

Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule: N/A		X No
(a) (b) Name of organization Type of organization	(c) Description of relationship	· · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	
623152 D1-18-07		

+3 #b

SPECIAL EVE	NTS AND ACTIV	TTIES	<u> </u>	STATEMENT 1
GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSE	
93,585.		93,585.	21,881	71,704
93,585.		93,585.	21,881	71,704
ОТН	ER EXPENSES			STATEMENT 2
(A) TOTAL	(B) PROGRAM SERVICES			(D) FUNDRAISING
40,124.	40,124	ł .	601.	710
2,023. 4,339.	1,821 3,905		101. 217.	101 217
4,187.	3,769		209. 5,044.	209
	1,405	5. 	6,172.	1,237
	GROSS RECEIPTS 93,585. 93,585. OTH (A) TOTAL 2,731. 40,124. 3,045. 2,023. 4,339. 25,527. 4,187. 5,044. 1,405.	GROSS CONTRIBUT. 93,585. 93,585. OTHER EXPENSES (A) (B) PROGRAM SERVICES 2,731. 1,420 40,124. 40,124 3,045. 3,045 2,023. 1,821 4,339. 3,905 25,527. 25,527 4,187. 3,769 5,044. 1,405. 1,405	GROSS CONTRIBUT. GROSS RECEIPTS INCLUDED REVENUE 93,585. 93,585. OTHER EXPENSES (A) (B) (C) PROGRAM MANAGE AND GE 2,731. 1,420. 40,124. 3,045. 2,023. 1,821. 4,339. 3,905. 25,527. 4,187. 3,769. 5,044. 1,405. 1,405.	GROSS CONTRIBUT. GROSS DIRECT RECEIPTS INCLUDED REVENUE EXPENSE 93,585. 93,585. 21,883 OTHER EXPENSES (A) (B) (C) MANAGEMENT AND GENERAL 2,731. 1,420. 601. 40,124. 40,124. 3,045. 3,045. 2,023. 1,821. 101. 4,339. 3,905. 217. 25,527. 25,527. 4,187. 3,769. 209. 5,044. 1,405. 1,405.

EXPLANATION

RCCS PROVIDES COMPASSIONATE ASSISTANCE, NUTRITIONALLY BALANCED FOOD AND EMERGENCY HOUSING AID TO PEOPLE GROWING TOWARDS SELF-RELIANCE.

P. O. BOX 160204

SACRAMENTO, CA 95816

FORM 990 DEPREC	IATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATI	EMENT 4
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATEI DEPRECIATIO		K VALUE
REFRIGERATORS & FREE SERVER SOFTWARE SOFTWARE	ZERS	4,200. 1,005. 3,584. 1,000.	1,49	01.	1,680. 704. 2,090. 500.
TOTAL TO FORM 990, P	ART IV, LN 57	9,789.	4,83	15.	4,974.
FORM 990 PART V-		RRENT OFFICERS,		STAT	EMENT 5
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
ROBERT F. GAINES P. O. BOX 160204 SACRAMENTO, CA 95816		PRESIDENT 0.00	0.	0.	0.
ERNEST L. LEWIS, MD P. O. BOX 160204 SACRAMENTO, CA 95816	;	VICE-RESIDENT 0.00	0.	0.	0.
PAMELA KEPLER P. O. BOX 160204 SACRAMENTO, CA 95816	i.	TREASURER 0.00	0.	0.	0.
FRED SAUZE P. O. BOX 160204 SACRAMENTO, CA 95816	i	SECRETARY 0.00	0.	0.	0
TRACY J.CAMPBELL P. O. BOX 160204 SACRAMENTO, CA 95816	;	DIRECTOR 0.00	0.	0.	0.
BILL EDWARDS P. O. BOX 160204 SACRAMENTO, CA 95816	;	DIRECTOR 0.00	0.	0.	0.
WILLIAM COYLE		DIRECTOR			

0.00

0.

0.

0.

RIVER CITY COMMUNITY SERVICES		·	91–18	351398
HARRY HILLS P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
VICTORIA HOLLINGSHEAD P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
BOB CUTTLE P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
CATHY LEVERING P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
TOM SEBO P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
EILEEN THOMAS P. O. BOX 160204 SACRAMENTO, CA 95816	EXECUTIVE DIR 32.00	ECTOR 18,522.	4,639.	0.
ANN MASK P. O. BOX 160204 SACRAMENTO, CA 95816	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	r V-A	18,522.	4,639.	0.